

West New York Bureau of Fire Safety
428-60th Street Room 23
Town of West New York, NJ. 07093

Phone (201)-295-5220

Fax (201)-295-8163

Fire Official
Frank Martinez

MUST BE READ AND FILLED OUT COMPLETEY
APPLICATION FOR ONE & TWO FAMILIES, CONDOS, & CO-OPS
CERTIFICATION OF SMOKE DETECTOR AND CARBON MONOXIDE ALARM

Dwelling Location: Owner: _____ Agent: _____

Address: _____ Apt.# _____

Municipality: West New York, State: New Jersey Zip: 07093

☉Telephone and/or Cell-phone Required

An Inspection shall be conducted by the owner or authorized representative of the owner. The smoke detectors required above shall be located in accordance with NFPA 74; the carbon monoxide alarm(s) installed per NFPA-720 and Manufacturers recommendations. The detectors are not required to be interconnected. Battery powered detectors and alarms are acceptable. Note: AC powered and /or interconnected alarms and smoke detectors installed in homes after January, 1977 shall be maintained in working order. See diagrams on the back of this application for further information regarding installation.

*****SMOKE DETECTOR CERTIFICATES ARE VALID FOR SIX (6) MONTHS*****

Applicant or Agent Signature Printed Name

Closing Date: _____ Will be picked up _____ Sent to above address _____

Please send Issued Certificate to following address: _____

***Note: A check or money order for the proper fee must be made payable to "WNY BUREAU OF FIRE SAFETY"**
If the inspection fails, there will be an additional \$10.00 reinspection fee.
Fee schedule as per Adopted Ordinance Number 17/09
Adopted: July 15, 2009
Authority N.J.S.A. 52:27D-198, 198.2,201 and 133.3
The application fee for a certificate of smoke detector and carbon monoxide alarm compliance (CSDCMAC), as required by N.J.A.C. 5:70-2.3, shall be based upon the amount of time remaining before the change of occupant is expected, as follows:

1. Requests for a (CSDCMAC) received more than 10 business days prior to change of occupant:	\$ 60.00
2. Requests for a (CSDCMAC) received four to 10 business days prior to change of occupant:	\$ 90.00
3. Requests for a (CSDCMAC) received fewer than 4 business days prior to change of occupant:	\$125.00

OFFICIAL USE ONLY

Municipal Code 0912

Date Issued _____

Receipt Number _____

Check Number _____